

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	1						31							
2							32							
3							33							
4							34							
5							35							
6		2					36							
7							37							
8							38							
9							39							
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11							41							
12							42							
13							43							
14							44							
15							45							
16							46							
17							47							
18							48							
19	1						49							
20							50							
21														
22														
23														
24	1													
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46														
47														
48														
49														
50														
TOTAL IND.	3						TOTAL IND.							
TOTAL DEP.	32						TOTAL DEP.							
TOTAL CLAIMS	35						TOTAL CLAIMS							